GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:542
ANSWERED ON:25.04.2001
HIGH MORTALITY RATE OF EXPECTANT MOTHERS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per the report of the United Nations Population Fund, four out of every one thousand expectant mothers in India die every year while delivering a child;

(b) if so, the facts thereof;

(c) whether the Government are aware that iron deficiency in pregnant women is increasing enormously which causes high Maternal Mortality Rate in the country;

(d) if so, the details thereof; and

(e) the measures taken by the Government to tackle the situation?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 542 FOR 25.4.2001

(a)&(b) According to `Population and Reproductive Health Facts on India`, a briefing kit published by United Nations Population Fund, four mothers die for every one thousand live births each year in India. This fact is in conformity with the estimates on maternal mortality ratio published by the Sample Registration System of the Registrar General of India. According to these estimates for 1998, the maternal mortality ratio was 407 per 100,000 live births.

The main causes of maternal deaths are:

1. Direct Causes: Haemorrhage, infections, obstructed labour, unsafe abortion, toxaemia of pregnancy etc.

2. Indirect Causes: anaemia, viral hepatitis, tuberculosis and malaria.

3. Socio economic Causes: Early age at marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency.

(c)&(d) Anaemia during pregnancy in an important contributor to maternal mortality. According to a study conducted by ICMR in 11 States during 1984-86, 87.6% pregnant women were found to have anaemia. However, according to a country-wide National Family Health Survey conducted in 1998-99, 49.7% pregnant women were found to suffer from anaemia. Though the two surveys are not strictly comparable, the results indicate a declining trend in anaemia among pregnant women over the years.

(e) Iron deficiency anaemia is a problem of inadequate nutrition. A National Nutrition Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of departments of Government of India including, among other, the Integrated Child Development Services Programme of Department of Women and Child Development and the Reproductive and Child Health programme of the Department of Family Welfare for improving the nutritional status of pregnant women and children. Under the Reproductive and Child Health Programme implemented throughout the country, pregnant women and children (1-5 years) are provided with Iron and Folic acid tablets for prophylaxis and treatment of anaemia.

Maternal health care is an integral part of the Family Welfare Programme. Certain vertical interventions like the National Nutritional Anaemia Control Programme and Tetanus Immunization Programme for pregnant mothers have been going on under the Family Welfare Programme since 1977-78. In 1992, the nationwide Child Survival and Safe Motherhood (CSSM) (1992-97) was launched with World Bank support, for integrating various vertical interventions in the area of Maternal and Child Health. The Reproductive and Child Health (RCH) Programme, which was launched in 1997, continues by way of strengthening of the CSSM activities along with certain new programmes. The major interventions of RCH programmes aimed at bringing down maternal mortality are:

1. Provision of Essential Obstetric Care.

2. Provision of Emergency Obstetric Care

3. Provision of services in backward districts by holding RCH Camps at primary health Centres.

4. Contractual appointments of additional ANMs for backward districts for improving access to services.

5. Provision of contractual or part time appointment of Anaesthetists, Gynaecologists, Safe Motherhood Consultants and technical staff like Laboratory technicians, Public Health Nurses etc.

6. Provision of drugs and equipment for Maternal Health at sub centres, primary health centres, community health centres/first referral units - including Iron and Folic Acid tablets for maternal and childhood anaemia.

7 A scheme for 24 hour delivery services at selected primary health centres and community health centres.

8. Referral transport for pregnant women from indigent families.

9. Facilities and training for medical termination of pregnancies for safe abortions.

10. Prevention, management and control of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI).

11. Intensification of information, education and communication programmes for Maternal and Child Health through the mass media as also decentralised local specific activities at the grass root level.

12. Involvement of NGOs in awareness generation and service delivery where government services are not adequate.

13. Training of medical/paramedical and other services providers.

14. Training of Dais

The need for bringing down MMR considerably and improving maternal health in general has been strongly stressed in the National Population Policy - 2000, which has been approved by Government. This policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroots level and also for involving the NGOs, civil society, Panchayati Raj Institutions and women`s groups in bringing down Maternal Mortality Ratios and Infant Mortality Rates.